

Health,
Welfare
Public
Service

300
1-56

doctor, coroner, etc., must use only standard nomenclature in Part 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 7 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. _____

Primary Registration District No

Registrar's No. _____

67

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cullins Township.		c. CITY OR TOWN Waynesville, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		d. STREET ADDRESS Rural Rt. #	
3. NAME OF DECEASED (Type or print) Nolon		4. DATE OF DEATH Month May Day 28 Year 1957	
5. SEX Male		6. COLOR OR RACE Negro.	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 1907	
9. AGE (In years last birthday) 50		10. IF UNDER 1 YEAR Months 2 Days 4	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.		12. KIND OF BUSINESS OR INDUSTRY None.	
13. FATHER'S NAME Deceased		14. MOTHER'S MAIDEN NAME Deceased.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 500-09-2257	
17. INFORMANT Carrie Gibson		18. ADDRESS Waynesville, Mo	
19. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the bladder Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 181X		INTERVAL BETWEEN ONSET AND DEATH 1 year	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 2-25-57 to 5-28-57 and last saw him alive on 5-28-57 Death occurred at 9:05 AM m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) C. Muller M.D. - MD	
22b. ADDRESS Waynesville, Mo.		22c. DATE SIGNED 5/29/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/31/57	
23c. NAME OF CEMETERY OR CREMATORY Waynesville Memorial Cem.		23d. LOCATION (City, town, or county) (State) Waynesville, Mo	
24. FUNERAL HOME ADDRESS Hedges Funeral Home Waynesville, Mo		25. DATE RECD. BY LOCAL REG. 5-31-57	
26. REGISTRAR'S SIGNATURE C. Muller		27. REGISTRAR'S SIGNATURE C. Muller	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-1-57
Pulaski County Health Officer
File Number 67
Date Filed 5-31-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Clarence Moore

Licensed Embalmer No. 48

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.